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License No. _____

ST. NUMBER	DIR.	STREET NAME				SUFFIX		SUITE #
APARTMENT NO.(S)					ZIP CODE		MAP PAGE & LETTER GRID	
SUBDIVISION:						LOT:		SEC:
CONTRACTOR:				STATE LICENSE NO:		PHONE:		
ADDRESS:			CITY&ST:				ZIP:	
OWNER / CUSTOMER:						PHONE:		
ARCH. / ENG:				ADDRESS:				
CITY & STATE:				ZIP:		PHONE:		
CONSTRUCTION CLASS: <input type="checkbox"/> Residential <input type="checkbox"/> Non-Residential <input type="checkbox"/> Special Use <input type="checkbox"/> Commercial <input type="checkbox"/> Educational								
USE OF BLDG:				ZONE:				
DBA:								
DESCRIPTION OF WORK: (Will Not Be Processed Unless Completed)								
<div style="text-align: center;"> Check Here If New Business <input type="checkbox"/> Is Sign Inside Mall <input type="checkbox"/> Yes <input type="checkbox"/> No </div>								
TYPE: <input type="checkbox"/> Wall <input type="checkbox"/> Canopy <input type="checkbox"/> Ground <input type="checkbox"/> Pole <input type="checkbox"/> Billboard <input type="checkbox"/> Other								
KIND OF ILLUMINATION: Flashing Intermittent/Moving Illumination? <input type="checkbox"/> Yes <input type="checkbox"/> No								
Sign Height:		Sign Length:		Sign Area:			Permit Fee:	
Will Sign be behind 15 ft. set back from front & rear property lines? <input type="checkbox"/> Yes <input type="checkbox"/> No								
Distance from outer edge of sign to front property line:					To curbline:			
Corner Lot? <input type="checkbox"/> Yes <input type="checkbox"/> No		Is there an existing detached sign? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, is sign within 15 ft. setback? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Area of existing sign:								
Sign being added to existing sign on same pole/structure? <input type="checkbox"/> Yes <input type="checkbox"/> No				If yes, area of existing sign:		Overall height top to ground:		
Will sign project over public right of way? <input type="checkbox"/> Yes <input type="checkbox"/> No				If yes, has liability bond been given? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Nearest Intersecting Street:								
Materials used in Construction:								
TN CONTRACTOR'S LICENSE NO.:								
NAME OF OWNER OR AUTHORIZED AGENT:								

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